

WORLD JOURNAL OF PHARMACEUTICAL RESEARCH

SJIF Impact Factor 8.453

1468

Volume 13, Issue 21, 1468-1474.

Research Article

ISSN 2277-7105

A COMPREHENSIVE APPROACH OF MANAGEMENT IN ASRIGDARA

Dr. Mansi Milind Sarvade¹*, Dr. Sanjay G. Gavane² and Dr. Rucha R. Ganu³

¹PG Scholar, Department of Prasuti Tantra and Streerog, TAMV, Pune.

²M.S (Ayurved) PhD, Professor, Dept. of Prasuti Tantra and Streerog, TAMV, Pune.

³M.S (Ayurved), Associate Professor, Dept. of Prasuti Tantra and Streerog, TAMV, Pune.

Article Received on 24 September 2024,

Revised on 14 October 2024, Accepted on 04 Nov. 2024

DOI: 10.20959/wjpr202421-34562



*Corresponding Author
Dr. Mansi Milind Sarvade
PG Scholar, Department of
Prasuti Tantra and Streerog,
TAMV, Pune.

ABSTRACT

Asrigdara is a common gynaecological complaint of women which affects her quality of life. It is one of the common Raktapradoshaj vikara manifesting as excessive menstrual bleeding or a condition having features different than normal menstrual blood. It can be compared to Abnormal Uterine bleeding (AUB) which is the term used for any alteration in menstruation resulting from increased amount, duration or frequency. Quality of life is affected as it is associated with pain and discomfort, AUB leads to loss of productivity. AUB affects 9 to 14% women between menarche and menopause. In India, the reported prevalence rate is around 17.9%. A variety of treatments have been described in Ayurveda for Asrigdara including shodhana and shaman chikitsa. Treatment must remain individualized to address the management of AUB in order to achieve improves quality of life.

KEYWORDS: Asrigdara, Raktapradoshaj vikara, Shodana, Shaman, AUB.

INTRODUCTION

Asrigdara is defined as excessive menstrual bleeding or prolonged duration or having features apart from normal menstruation denoting features of specific dosha. Acharya Charaka has mentioned Asrigdara vyadhi as one of the Raktajapradoshaj vikara^[4] and as a symptom of pitta avrutta apana vayu^[5] and its management is discussed in Yonivyapad adhyay in chikitsa sthana. Acharya Sushruta has has described it as a seprate disease in Shukra shonit shaarir adhyay.^[6] Due to pradirana(excessive excretion) of raja (menstrual blood), it is named as pradara and since, there is dirana (excessive excretion) of asrk (menstrual blood) its is called

as asrigara. It can be compared with Abnormal Uterine Bleeding. Abnormal uterine bleeding in patients of reproductive age is a bleeding pattern which is not consistent with normal menstrual parameters. (frequency, regularity, volume and duration).

MATERIALS AND METHOD

Thorough review of ayurvedic texts and modern literature was done and is discussed here.

Ayurvedic Aspect

Nidana

As Per Acharyas^[7,8]

Sr.No	Category	Nidana	Dosha Prakopa
		Viruddhashana, Ajeerna	Rakta Dushti
		Lavana, Amla Katu Rasa	Pitta Vriddhi, Rakta Dushti
1.	 Aaharaja	Adhyashana, Gramya	Vata Kapha Rakta Dushti
	3	Mamsa, Dadhi, Mastu, Sura	Pittakara
		Madhya Sevana	Dhatu Kshaya
		Yana, Adhva, Bhara	Vata Dushti
2.	Viharaja	Atimaithuna	Vata Pitta Dushti
		Divaswapna	Kapha Dushti
3.	Manasika	Shoka	Pitta Dushti
		Abhigata	Vata Rakta Dushti
4.	Anya		
		Garbhapata	Dhatukshaya, Vataprakopa

According to Modern medicine,

PALM-COEIN is a use acronym provided by FIGO to classify the underlying etiologies of Abnormal Uterine Bleeding.^[9]

The first portion of PALM, describes structural issues and the second portion COEIN, describes non-structural issues.

 \mathbf{P} – Polyp

A – Adenomyosis

L – Leiomyoma

M – Malignancy and hyperplasia

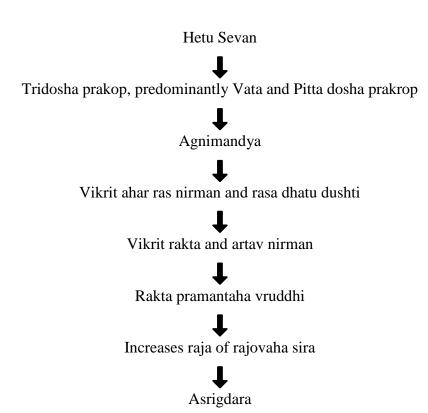
C – Coagulopathy

O – Ovulatory Dysfunction

- E Endometrial disorders
- I Iatrogenic
- N Not otherwise classified

AUB not otherwise classified contains rare etiologies and includes arteriovenous malformations, myometrial hyperplasia, and endometriosis.

Samprapti



Samprapti Ghatak

- Dosha Vata Pitta Pradhana.
- Dushya Rakta (pradhana), Rasa.
- Agni Jatharagnimandya.
- Adhisthana Garbhashaya, Artavavahi Strotas.
- Strotasa Raktavaha, Aartavaha, Rasavaha.
- Rogamarga Abhyantara. [10]

Samanya Lakshana^[11]

- Raja Atipravrutti (Excessive bleeding)
- Deerghakalanubandhi (Prolonged Menstruation)
- Angamarda (bodyache)

• Pravruttam Anrutavapi (Intermenstrual bleeding).

Types

- Vataja
- Pittaja
- Kaphaja
- Sannipataja

Sadhya Asadhyatva

According to all the acharyas Sannipataja Asrigdara is Asadhya.

According to Harita – Women suffering from Trushna (thirst), Daha (burning sensation), Jwara (Fever), Kshinarakta (Anemia), Durbala (Generalized Weakness). [12]

Chikitsa Siddhanta

According to Acharya Charaka all the chikista which are mentioned for Vataladi yoniroga should be done in all the types of asrigdara. Similarly all treatments prescribed for Raktatisara, Raktapitta and Raktarsha should be done in Asrigdara.^[13]

The General principles of treatment of Asrigdara are as follows.

• Raktasthapana Dravya

Rakta is called as Jeevan^[14] as per texts so administration of drugs which will help in Rakta Sthambana and Raktasthapak dravyas should be used. Heavy blood loss can lead to lead to Anemia which can cause associated symptoms oh headache and fatigue. Low iron stores in adolescents with heavy menstrual bleeding are associated with fatigue and decreased cognition specifically affecting verbal learning and memory.^[15] So Raktastambhana should be readily done in Asrigdara.

• Nidana Parivarjana

Nidana plays the prime role in the initiation of pathogenesis which proceeds towards the development of any disease. Hence it is the chief principle of treatment in Ayurveda.

All the nidanas such as excessive intake of Lavana (Salty), Amla (Sour), Katu (Spicy), Vidaahi (Producing burning sensation), Payasa, Sukta, Mastu should be avoided.

• Dosha Shodhana

Diseases treated with Shodana Chikitsa has negligible chance of recurrence because vitiated doshas are expelled from the body.

- Virechana Virechana has been indicated in pradara as the predominant dosha is pitta.
 Virechana is the best shodana therapy for Pitta. Acharya Charak has suggested the use of Mahatikta Ghruta for Virechana in Pittaja Asrigdara.
- 2. Basti Asrigdara vyadhi occurs due to the vitiation of Vata and basti is the best line of treatment for Vata Dosha. Classics have mentioned the use of Uttara basti in Asrigdara.
 [17]

• Dosha Shamana

Vitiated Doshas can be brought down to normal by using various Abhyantara and Bahya Prayoga.

Eg – Shatapushpa taila Nasya and Abhyanga. [18]

• Use Of Tikta Rasa

Tikta Rasa pacifies Pitta Dosha. It helps in Dosha Pachana and Agnideepana, Raktasangrahana^[19], and Lekhan Karma.

Eg – Vasa, Lodhra, Ashoka etc.

Different Formulations used for Internal and External use in Asrigdara.

Sr.No		Drugs	
1	For Anuvasana Basti	Madhukadi TailaShatapushpa Taila	
2	For Asthapana Basti	Kushadi Asthapana BastiRodhardi Asthapana Basti	
3	Kwath	Darvyadi KwathDhataki and Pugi kusum KwathNyagrodhadi Kwath	
4	Kalka and Churna	 Atibala moola with madhu and sharkara. Udumbar phala with madhu and sharkara 	
5	Ksheera Prayoga	Ashoka valkala kwath siddha ksheera.	
6	Modaka	Alabu phala modakaMalay phala modaka	
7	Avaleha	JeerakaavlehaKhandakushmanda avalehaKutajasthak Leha	

8	Ghrita	•	Shalmali Ghrita Shatavari Ghrita
		•	Mahatikta Ghrita
9	Rasaushadi	•	Pradararipu Rasa

RESULTS AND DISCUSSION

In Ayurvedic classics all gynecological disorders comes under a common heading Yonivyapada. Asrigdara may always not be life threatening but it can cause a nuance in day to day activities. Complications of Asrigdara includes weakness, giddiness, burning sensation, dyspnea, delirium, anemia and other disorders due to aggravation of Vata dosha. Precautionary measures include all the etiologies than has been described in Raktapradar. As the drugs which are mostly used in treating drugs are Titka, Kashaya and Madhur it is designed so as to break the pathophysiology. Tikta and Kashaya rasa both due to their gunas have Raktasthambak properties. Madhur guna gives the much needed Bala and pacifies Daha, Bharma, Murccha etc caused due to Asrigdara. As Basti and Pitta are the respective first line of treatment for Vata and Pitta which are vitiated in Asrigdara both of the karmas can be used to treat Asrigdara.

CONCLUSION

Asrigdara is prolonged and excessive and at times intermenstrual bleeding accompanied with or without bodyache. Aggravated Vayu, withholding the Rakta (blood) vitiated due to Nidana Sevana, increases its amount and then Raja carrying vessels of the uterus immediately increases the amount of Raja (Menstrual blood). After studying different research articles and Ayurvedic classics, the general principle of treatment of Asrigdara are – Nidana parivarjana, Dosha Shodana, Dosha Shamana, Rakta Sangrahana, and Use of Tikta Rasa which helps in the regulation of excessive bleeding. After reviewing the aspect of Asrigdara as per Ayurveda it can be said that enitities discussed in the article are safer, reliable and effective therapies.

REFERENCES

- 1. I Cote P Jacob D Cumming, Work loss associated increased menstrual loss in United States Obstet Gynecol, 2002; 10: 683-7.
- 2. I S Fraser S Langham K Uhl-Hochgraeber Health related quality of life and economic burden of abnormal uterine bleeding expert Rev Obstet Gynecol, 2009; 4(2): 179-189.
- 3. A Sharma Y Dogra Trends of AUB in tertiary centre of Shimla hills Midlife Health, 2013; 4(1): 67-8.

- 4. Vijay Shankar Kale, Charak Samhita Vol 1, Chaukambha Publication, Edition 2016, Sutrasthaan, Adhyay 28, Sutra 11, PN 433.
- 5. Vijay Shankar Kale, Charak Samhita Vol 2, Chaukambha Publication, Edition 2016, Chikistasthaan, Adhyay 28, Sutra 229, PN 708.
- 6. Anantaram Sharma, Sushrut Samhita, Chaukambha Publication, Edition 2018, Sharirsthaan, Adhyay 2, Sutra 18-21, PN 16.
- 7. Vijay Shankar Kale, Charak Samhita Vol 2, Chaukambha Publication, Edition 2016, Chikistasthaan, Adhyay 30, Sutra 205-206, PN 763.
- 8. Bhramananda Tripathi, Madhavnidanam Vol 2, Chaukambha Publication, Edition 2018, Adhyay 61, Sutra 1, PN 479.
- 9. Emily Davis, Paul B. Sparzak, Abnormal Uterine Bleeding, National Library of Medicine Statpearls, 2023.
- 10. Vijay Shankar Kale, Charak Samhita Vol 1, Chaukambha Publication, Edition 2016, Sutrasthaan, Adhyay 11, Sutra 48, PN 185.
- 11. Anantaram Sharma, Sushrut Samhita, Chaukambha Publication, Edition 2018, Sharirsthaan, Adhyay 2, Sutra 19-20, PN 16.
- 12. Jayamini Pande, Harit Samhita, Chaukambha Publication, Adhyay 4, Shlok 37.
- 13. Vijay Shankar Kale, Charak Samhita Vol 2, Chaukambha Publication, Edition 2016, Chikistasthaan, Adhyay 30, Sutra 227-228, PN 765.
- 14. Anantaram Sharma, Sushrut Samhita, Chaukambha Publication, Edition 2018, Sutrasthaan, Adhyay 14, Sutra 45, PN 112.
- 15. Johnson S, Lang A, Sturm M, O' Brien SH, Iron deficiency without anemia: a common yet under recognized diagnosis in young women with heavy menstrual bleeding, J Pediatr Adolesc Gynecol, 2016; 29: 628-31.
- 16. Vijay Shankar Kale, Charak Samhita Vol 2, Chaukambha Publication, Edition 2016, Chikistasthaan, Adhyay 30, Sutra 99, PN 752.
- 17. Vijay Shankar Kale, Charak Samhita Vol 2, Chaukambha Publication, Edition 2016, Siddhisthaan, Adhyay 9, Sutra 62-64, PN 963.
- 18. Sri Satyapal Bhishagacharya, Kashyap Samhita, Chaukambha Publication, Edition 2021, Kalpasthaan, Adhyay 5, Shlok 23-25, PN 161.
- 19. Vijay Shankar Kale, Charak Samhita Vol 2, Chaukambha Publication, Edition 2016, Chikistasthaan, Adhyay 14, Sutra 182, PN 337.